

RECEIVED  
CENTRAL FAX CENTER**Certificate of Transmission****FEB 06 2009**

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office (Fax No.: 571-273-8300) on FEBRUARY 6, 2009. The communication includes 4 pages.

Signature of Sender:



Name of Sender:

BEATRIX RIEGER

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                  |                         |             |
|------------------|-------------------------|-------------|
| Applicant:       | SCHUBERT, Werner et al. | ) Examiner: |
| Application No.: | 10/589,585              | ) unknown   |
| Filing Date:     | September 16, 2008      | ) Art Unit: |
| For:             | SLIDE BEARING MATERIAL  | ) unknown   |

Atty. Docket No.: 2360 0995US

TRANSMITTAL LETTER FOR RESPONSE TO NOTICE  
OF NON-COMPLIANT AMENDMENTMAIL STOP AMENDMENT  
Commissioner for Patents  
Alexandria, VA 22313-1450  
U.S.A.

Transmitted herewith a resubmittal of the claims portion of the previously filed preliminary amendment in which claim 12 is now provided with a proper status identifier. Please note the following crossed items:

- (X) No additional fee is required.
- ( ) The fee has been calculated as shown below:

S.N. 10/589,585 filed September 16, 2008  
SCHUBERT, Werner et al.

Atty. Docket: 2360 0995US

RECEIVED  
CENTRAL FAX CENTER

| CLAIMS AS AMENDED                                  |   |   |   |                            |         |     |
|--|---|---|---|----------------------------|---------|-----|
|  | Claims<br>Remaining<br>After<br>Amendment |   | Highest<br>Number<br>Previously<br>Paid For | Present<br>Number<br>Extra | Rate    | FEE |
| Total claims                                       | 11  | - | 20  | X                          | x\$ 52  | 0   |
| Independent claims                                 | 1   | - | 3   | X                          | x\$ 220 | 0   |
| Multiple dependent<br>claim added                  |   |   |   |                            | +\$ 390 | 0   |
|  |   |   |   | TOTAL \$                   |         |     |
|  |   |   |   | 0                          |         |     |
| ( ) If small entity, then divide total<br>fee by 2 |   |   |   | SMALL ENTITY<br>TOTAL \$   |         |     |
|  |   |   |   | 0                          |         |     |

- ( ) Please charge Deposit Account Number 50-1030 in the amount of for the Extension of time fee.
- (X) The Commissioner is hereby authorized to charge payment of fees associated with this communication or credit any overpayment to Deposit Account Number 50-1030.
- (X) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for additional extension of time.
- ( ) An Information Disclosure Statement is also enclosed.

Respectfully submitted,

*Paul Vincent*

Dr. Paul Vincent

Reg. No. 37,461

*Feb. 04, 2009*

Date

Dreiss, Fuhlendorf, Steimle & Becker  
Patentanwälte  
Postfach 10 37 62  
D-70032 Stuttgart  
Federal Republic of Germany  
Telephone: ++49/711-24 89 38-0  
Fax: ++49/711-24 89 38-99